

N: 10/1/00

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		7/21/00
O.I.P.E. CLASSIFIER		48	5/28/00
FORMALITY REVIEW	<i>CS</i>	804	08/30/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/24/03
2	✓	✓	1/24/03
3	✓	✓	1/24/03
4	✓	✓	1/24/03
5	✓	✓	1/24/03
6	✓	✓	1/24/03
7	✓	✓	1/24/03
8	✓	✓	1/24/03
9	✓	✓	1/24/03
10	✓	✓	1/24/03
11	✓	✓	1/24/03
12	✓	✓	1/24/03
13	✓	✓	1/24/03
14	✓	✓	1/24/03
15	✓	✓	1/24/03
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18	✓	✓	1/24/03
19	✓	✓	1/24/03
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32	✓	✓	1/24/03
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35	✓	✓	1/24/03
36	✓	✓	1/24/03
37	✓	✓	1/24/03
38	✓	✓	1/24/03
39	✓	✓	1/24/03
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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